

OFFICE OF COMMUNITY SERVICES CUSTOMER INVENTORY

To improve our services, we want your comments. Please give us your opinion.

Please check one of the following:						
<input type="checkbox"/> I am a parent receiving services		<input type="checkbox"/> I am a service provider (i.e. Therapist, CASSA, etc.)				
<input type="checkbox"/> I am a child receiving services		<input type="checkbox"/> I am a visiting OCS worker				
<input type="checkbox"/> I am a foster/adoptive parent or applicant		<input type="checkbox"/> I am _____				
GENDER		OPTIONAL: RACE/ETHNIC GROUP				
Male _____ Female _____		<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian				
Please place a check in the block that best reflects your opinion		Strongly Agree	Agree	Neutra l	Disagree	Strongly Disagree
1. I was seen within 15 minutes of the time scheduled.						
2. The office hours are convenient.						
3. The building and offices are clean.						
4. The building and offices are safe.						
5. The office is easy for me to reach.						
6. I know what steps to take if I have a problem with a staff person or services of the agency.						
7. The staff are professional and polity.						
8. The Agency has provided me with assistance for my family's needs.						
9. The people who work at the Agency treat me with respect.						
10. My calls were returned within 24 hours.						
11. Overall, I had a good experience with this office.						

Do you have a complaint or concern about OCS that you would like to discuss? ☐ YES ☐ NO If yes, please complete the following:

Name: _____ Phone: (_____) _____ The best hours to call me are: _____

Region/Parish _____

COMMENTS/CONCERNS: